

OFFICE OF QUALITY ASSURANCE CONFIDENTIAL INCIDENT REPORT

Name _____ DOB ____/____/____ SS# _____ ID# _____

Address _____ Apt _____ City/State _____ Phone _____

Agency name/address _____ Social Worker _____

Quality Assurance Use

QA Staff taking the report: _____ Report Status: _____ Incident Report # _____

Date reported _____ Time _____ AM/PM I/IM# _____ QA Case # _____

Report made by _____ Title/Relationship: _____
(C-consumer, S-staff, F-family, V-victim, O-other)

Reporting agency _____ Report source phone _____

Original Report source _____ Title/Relationship _____
(C-consumer, S-staff, F-family, V-victim, O-other)

Incident date _____ Time _____ AM/PM ☐ Witnessed ☐ Discovered ☐ Disclosed

Location: ☐ H-At home; ☐ D-Day Program; ☐ F-Family Home; ☐ C-Community; ☐ T-Transportation; ☐ SLA; ☐ U-Unknown; ☐ O-Other

Street _____ City _____

Acc. Entity (Code) _____

Alleged perpetrator _____ Title/Relationship _____
(C-consumer, S-staff, F-family, U-unknown, O-other)

Witnesses:

1. _____ Title _____ Phone _____

2. _____ Title _____ Phone _____

3. _____ Title _____ Phone _____

Nature of Incident (select appropriate code) [] [] []

1. Sexual Abuse – 1 st Degree	17. Communicable Disease
2. Sexual Abuse – 2 nd Degree	18. Psychiatric Hospitalization
3. Sexual Exploitation	19. Financial Exploitation
4. Physical Abuse – No injury	20. Theft/Missing Funds
5. Physical Abuse – Injury	21. Burglary
6. Neglect	22. Vehicle Accident
7. Mistreatment	23. Missing Person/ Unplanned Absence
8. Psychological/Verbal Abuse	24. Law Enforcement Involvement
9. Death	25. Behavioral incident
10. Human Rights Violation	26. Unapproved Behavioral Intervention
11. E.R. Visit	27. Restraint with injury
12. Hospitalization/ Unplanned Admission	28. Aversive Procedures
13. Injury requiring medical care	29. Assault To Others Family/Community
14. Medication Error (Serious)	30. Family Concerns
15. Unexplained Injury	31. At Risk Behavior
16. Suicide Attempt/Threat	32. Other { }

If incident is a Death please complete the following, if not skip.

Cause of Death: [] [1] Homicide [2] Suicide [3] Pneumonia [4] Coronary Disease [5] Seizure [6] Terminal Illness [7] Sepsis [8] Neglect
[9] Mistreatment [10] Choking [11] Unknown [12] Other _____

Date of Death: _____ Age at death: _____ Name of Nurse: _____ Phone # _____

TYPE OF INJURY:

Primary Code _____ Secondary Code _____

- 1. Abrasion
- 2. Bruise/Contusion
- 3. Concussion
- 4. Fracture
- 5. Laceration
- 6. Sprain
- 7. No Apparent Injury
- 8. Other _____

CAUSE OF INJURY:

Primary Code _____ Secondary Code _____

- 1. Abuse
- 2. Accidental
- 3. Actions of Others
- 4. Fall
- 5. Restraint
- 6. Self-Inflicted
- 7. Unknown
- 8. Other _____

Agencies Notified

Was an official Police report filed? ☐ Yes ☐ No

☐ Family/guardian _____

☐ Law Enforcement _____

☐ H.R. Committee _____

☐ Physician _____

☐ Attorney General _____

☐ DDD Social Services _____

☐ Agency Exec. Director _____

☐ SATRC _____

☐ Others _____

PRIMARY CAUSE OF INCIDENT _____ **CONTRIBUTORY CAUSE** _____

STAFF FACTORS

- 1 - Staff Training
- 2 - Insufficient Number of Staff
- 3 - Supervision
- 4 - Lack of interest/incentive
- 5 - Frustration
- 6 - Communication
- 7 - Judgment
- 8 - Experience
- 9 - Carelessness
- 10 - Intentional behavior
- 11 - Error

CONSUMER FACTORS

- 12 - Awareness/Experience
- 13 - Physical Ability
- 14 - Supervision
- 15 - Judgment
- 16 - Behavioral
- 17 - Frustration
- 18 - Incompatibility
- 19 - Communication
- 20 - Inappropriate placement

COMMUNICATION FACTORS

- 21 - Between Agencies
- 22 - Consumer ↔ Staff
- 23 - Consumer ↔ Family
- 24 - Staff ↔ Family
- 25 - Management ↔ Staff

EQUIPMENT/ SUPPLIES

- 26 - Defective
- 27 - Maintenance
- 28 - Not available/inadequate
- 29 - Inappropriate
- 30 - Structural inadequacies

POLICIES AND PROCEDURES

- 31 - No policy
- 32 - Inadequate/inconsistent
- 33 - Communication/Awareness
- 34 - Employee screening
- 35 - No minimum training
- 36 - Documentation
- 37 - Monitoring

Environmental Factors

- 38 - Safety codes/regulations
- 39 - Inadequate emergency procedures
- 40 - Transportation/Vehicle safety
- 41 - Weather
- 42 - Home safety
- 43 - Stressful conditions (noise, crowds etc)

ORGANIZATIONAL/MANAGEMENT

- 44 - Structure
- 45 - Action not taken
- 46 - Inappropriate/inadequate action taken
- 47 - Monitoring
- 48 - Morale/intimidation
- 49 - Performance

Medical

- 50 - Treatment not followed
- 51 - Monitoring
- 52 - Unrecognized condition
- 53 - Un/under trained staff
- 54 - New condition
- 55 - Expected progression
- 56 - Error

57 - **Unknown**

58 - **Other**

Investigating Entity: ☐ QA ☐ A- Agency ☐ AG- Atty Gen. ☐ P-Police ☐ O-Other ☐ NA- N/A Case Type Designator _____

Name of Investigator: _____ Investigating Agency (Code) _____

QA Coordinator: (initials) _____ Date assigned: ____/____/____ Date Due: ____/____/____ Date Complete: ____/____/____

Primary Disposition: [] Secondary Disposition [] Third Disposition [] (choose from list below)

QA-QA Review FD- Further Documentation M-Memo O-Open Case U-Unknown P-Pending NA-N/A IN-Investigation UA-Unassigned CO-Coordination S-Substantiated NS-Not Substantiated I-Inconclusive

SUBSEQUENT ACTION --FOLLOW THROUGH: [] [] [] [] [] []

- 1. Staff Disciplinary
- 2. Staff Training/Education
- 3. Staff Reassignment
- 4. Staff Termination
- 5. Criminal Charges filed
- 6. Policy Change
- 7. Program Development
- 8. Ongoing Monitoring
- 9. Change in Placement
- 10. Counseling
- 11. Referral to Professional
- 12. Family Intervention
- 13. Emergency Respite
- 14. Maintenance/Repairs
- 15. Medical Care
- 16. Social Service Follow-up
- 17. Legal Referral
- 18. No Action Taken
- 19. Referred to D.O.H.
- 20. Referred to D.E.A.
- 21. Referred to A.G.
- 22. Person recanted
- 23. Agency meeting
- 24. Other _____

Name _____ Date reported ____/____/____ Incident date ____/____/____

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